

NOTICE OF BACK FOOD STAMP BENEFITS

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved back food stamps for the month(s) of _____

Here's why:

- ☐ You will get \$ _____ in back food stamps.
- ☐ You should get \$ _____ in back food stamps, but you owe us \$ _____. You got another notice about what you owe.

We will keep \$ _____ of your back food stamps to repay what you owe.

You will get \$ _____ in back food stamps.

You still owe \$ _____.

The food stamps you will get will be in one payment unless you ask for them to be repaid in more than one payment. If you want to get your back food stamps in more than one payment, ask your worker.

Comments:

Rules: These rules apply. You may review them at your welfare office:
MPP 63-802